

Voluntary Petition (This page must be completed and filed in every case)		Document Page 2 of 13 Name of Debtor: Gonka, Vincent J. Gonka, Sandra J.		FORM B1, Page 2	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)					
Location Where Filed: - None -		Case Number:		Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)					
Name of Debtor: - None -		Case Number:		Date Filed:	
District:		Relationship:		Judge:	
Signatures					
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) I I Exhibit A is attached and made a part of this petition.		
X /s/ Vincent J. Gonka Signature of Debtor Vincent J. Gonka			Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.		
X /s/ Sandra J. Gonka Signature of Joint Debtor Sandra J. Gonka			X /s/ JOSEPH E. COHEN November 30, 2004 Signature of Attorney for Debtor(s) Date JOSEPH E. COHEN		
Telephone Number (If not represented by attorney) November 30, 2004 Date			Exhibit C Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
Signature of Attorney X /s/ JOSEPH E. COHEN Signature of Attorney for Debtor(s) JOSEPH E. COHEN 3123243 Printed Name of Attorney for Debtor(s) COHEN & KROL Firm Name 105 West Madison Street Suite 1100 Chicago, IL 60602 Address 312-368-0300 Fax: 312-368-4559 Telephone Number November 30, 2004 Date			Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. Printed Name of Bankruptcy Petition Preparer Social Security Number (Required by 11 U.S.C. § 110(c).) Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.		
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.			X Signature of Bankruptcy Petition Preparer Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.		
X Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date					

In re **Vincent J. Gonka,
Sandra J. Gonka**

Case No.

Debtors

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No.			residence					
Countrywide Home Loans P.O. Box 660694 Dallas, TX 75266-0694	J		514 North Ravine Drive Round Lake, IL 60073					
			Value \$ 135,000.00				110,511.24	0.00
Account No.			arrearage					
Countrywide Home Loans P.O. Box 660694 Dallas, TX 75266-0694	J		514 North Ravine Drive Round Lake, IL 60073					
			Value \$ 135,000.00				10,000.00	10,000.00
Account No. 48063/24999811			lien					
Ford Motor Credit Co. P.O. Box 6508 Mesa, AZ 85216	J		514 North Ravine Drive Round Lake, IL 60073					
			Value \$ 135,000.00				7,956.30	0.00
Account No. 414401-00-364012-5			second mortgage					
Household Finance Corp P.O. Box 17574 Baltimore, MD 21297-1574	J		514 North Ravine Drive Round Lake, IL 60073					
			Value \$ 135,000.00				20,000.00	7,467.54
Subtotal (Total of this page)							148,467.54	

1 continuation sheets attached

Form B6D - Cont.
(12/03)

In re **Vincent J. Gonka,
Sandra J. Gonka**

Case No. _____

Debtors

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. 414401-00-364012-5			arreage of second mortgage					
Household Finance Corp P.O. Box 17574 Baltimore, MD 21297-1574		J	514 North Ravine Drive Round Lake, IL 60073					
			Value \$ 135,000.00				7,000.00	7,000.00
Account No.			lien					
Kiss, Ryan & Andersen 96 Kennedy Memorial Drive Carpentersville, IL 60110		J	514 North Ravine Drive Round Lake, IL 60073					
			Value \$ 135,000.00				4,000.00	0.00
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Subtotal
(Total of this page)

11,000.00

Total
(Report on Summary of Schedules)

159,467.54

In re **Vincent J. Gonka,
Sandra J. Gonka**

Case No. _____

Debtors

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

Form B6F
(12/03)

In re **Vincent J. Gonka,
Sandra J. Gonka**

Case No.

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. AllState Insurance Northbrook, IL 60062	J					83.50
Account No. Ameriban 1675 Elmhurst Elk Grove Village, IL 60007	J					1,100.00
Account No. 16725809 AT&T Wireless P.O. Box 68055 Anaheim, CA 92817-8055	J					710.73
Account No. 016-1-0168371310 Aurora Radiology Consultants 641 East Butterfield Road Suite 407 Lombard, IL 60148	J					20.90
Subtotal (Total of this page)						1,915.13

6 continuation sheets attached

Form B6F - Cont.
(12/03)

In re **Vincent J. Gonka,
Sandra J. Gonka**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4388-6420-7739-9726 Capital One Service P.O. Box 60000 Seattle, WA 98190-6000	J					1,076.61
Account No. 820591 Certified Services, Inc P.O. Box 177 Waukegan, IL 60079-0177	J	50/45.62 Sandra & Vincent 813.03 Son 50				958.65
Account No. 800705 Computer Credit 640 West Fourth Street Winston Salem, NC 27113-5238	J	1615934				90.00
Account No. 857912 Condell Acute Care 36866 Eagle Way Chicago, IL 60678-1368	J	medical - son 88 802483 65 1615934				203.00
Account No. V007023708 DeInor Community Hospital 300 Randall Road Geneva, IL 60134	J	medical Vincent				75.00
Sheet no. <u>1</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						2,403.26
Subtotal (Total of this page)						2,403.26

Form B6F - Cont.
(12/03)

In re **Vincent J. Gonka,
Sandra J. Gonka**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. N3083766-G						
ENH MG Dept of Anesthesia Dept 77-9609 Chicago, IL 60678-9609	J					274.10
Account No. 11954						
Family Service Agency 2504 Washington Street Suite Waukegan, IL 60085	J					35.00
Account No. 268959		Sandra				
Golf Surgical Center 8901 Golf Road Des Plaines, IL 60016	J					144.38
Account No. 55021/57040						
Gurnee Radiology 25 Tower Court Suite A Gurnee, IL 60031-3376	J					842.00
Account No. 0001537216		Sandra & Vincent				
Lake County Mental Health 3012 Grand Avenue Waukegan, IL 60085	J					363.00
Sheet no. 2 of 6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,658.48

Form B6F - Cont.
(12/03)

In re **Vincent J. Gonka,
Sandra J. Gonka**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 68771						
Lakeshore Ortopedic P.O. Box 5020 Lake Forest, IL 60045	J					150.00
Account No. 12685172030501108						
Law Office Levy PC CACU of Colorado 3200 North Central Avenue Suite 800 Phoenix, AZ 85012	J					4,174.77
Account No. 253249						
Malcolm S. Gerald & Associates 332 South Michigan Avenue Suite 514 Chicago, IL 60604	J					595.00
Account No. 124814861986						
Medco Heatlh Solutions 4865 Dixie Highway Fairfield, OH 45014	J					100.00
Account No. A3516107866501000000		collection agency				
NCO Financial Systems, Inc. P.O. Box 41747 Philadelphia, PA 19101	J					280.00
Sheet no. 3 of 6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						5,299.77

Form B6F - Cont.
(12/03)

In re **Vincent J. Gonka,
Sandra J. Gonka**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 09372904/08735549/PRA-77464		medical Sandra				
Park Ridge Anesthesiology		314.20				
P.O. Box 1123	J	250.20				
Jackson, MI 49204-1123		210				740.40
Account No. 14073878 3353						
Pinnacle Management	J					
514 Market Loop Suite 103						
Dundee, IL 60118						237.25
Account No. 11009369						
Portfolio Recovery Associates	J					
P.O. Box 130						
Norfolk, VA 23541						749.89
Account No. V8371328/V8371310		V8377768				
Provena Mercy Center	J					
1325 North Highland Avenue						
Aurora, IL 60506						901.63
Account No. 0000857329						
RCS	J					
P.O. Box 7229						
Westchester, IL 60154						465.87
Sheet no. 4 of 6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						3,095.04

Form B6F - Cont.
(12/03)

In re **Vincent J. Gonka,
Sandra J. Gonka**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 05L0000186						
RDL Reference Laboratory 10755 Venice Blvd Los Angeles, CA 90034	J					39.42
Account No. 35746072 / 35847276						
Reserection Health Care 100 North River Road Des Plaines, IL 60016	J					3,430.00
Account No. 8475469088 957		utility				
SBC Bill Payment Center Chicago, IL 60663-0001	J					558.18
Account No. 0171275902400		15-042984602				
Sears P.O. Box 182149 Columbus, OH 43218-2149	J					2,849.54
Account No. 33498984-00						
United Healthcare Insurance P.O. Box 659748 San Antonio, TX 78265-9748	J					94.00
Sheet no. 5 of 6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						6,971.14

Form B6F - Cont.
(12/03)

In re **Vincent J. Gonka,
Sandra J. Gonka**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 35746072/ RAPH						
University Pathologist 5620 Southwick Blvd Toledo, OH 43614-1501	J					14.00
Account No. T10150						
Van Rue Credit Corp 10024 Skokie Blvd Suite 3 Skokie, IL 60077	J					279.95
Account No. 042390056		48233970				
Wells Fargo 1200 West 7th Street Suite L2-200 Los Angeles, CA 90017	J					1,514.66
Account No. 72-00126360						
WorldCom Wireless P.O. Box 259 Newark, NJ 07101-0259	J					287.26
Account No.						
Sheet no. 6 of 6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						2,095.87
Subtotal (Total of this page)						
Total (Report on Summary of Schedules)						23,438.69

In re **Vincent J. Gonka**
Sandra J. Gonka

Debtor(s)

Case No.
Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|--|----|-----------------|
| For legal services, I have agreed to accept_____ | \$ | 2,500.00 |
| Prior to the filing of this statement I have received_____ | \$ | 1,602.00 |
| Balance Due_____ | \$ | 898.00 |
2. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **November 30, 2004**

/s/ JOSEPH E. COHEN
JOSEPH E. COHEN
COHEN & KROL
105 West Madison Street
Suite 1100
Chicago, IL 60602
312-368-0300 Fax: 312-368-4559